

U S Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2008

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>LM 028-815</u> <u>6887</u>	2 Fiscal Year Covered From <u>01/01/2005</u> Through <u>12/31/2005</u>
3 Name and address of person filing Name <u>Rocco DiFilippo</u> P O Box Bldg Room No if any <u>PO Box 41028</u> Street <u>4701 BUTLER STREET</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15201</u>	4 Name file number and address of labor organization Name <u>TEAMSTERS LOCAL 249</u> Labor Organization File Number <u>LM 028-815</u> P O Box Building and Room Number if any <u>PO Box 41028</u> Street <u>4701 BUTLER STREET</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15201</u>
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Rocco DiFilippo</u>	On <u>3/27/06</u> <u>412-682-3700</u> Date Telephone Number

Name of Person Filing		File Number U
<p>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</p>		
<p>8 Name and address of Business (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>11 a Nature of such dealing</p> <p>_____</p> <p>11 b Approximate dollar value of such dealing</p> <p>_____</p> <p>12 a Nature of interest held or income received</p> <p>_____</p> <p>12 b Amount</p> <p>_____</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <u>Pimco</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>1345 AVENUE OF THE AMERICAS</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10105-4800</u></p>	<p>14 a Nature of payment</p> <p><u>3 02 05 2005 EQUITY INVESTMENT MANAGERS CONFERENCE # 302 45</u></p> <p><u>Pimco Pittsburgh Holiday DINNER! # 133 95</u></p>
<p>13 b Is the Business an Employer or Consultant</p> <p>_____</p>	<p>14 b Amount of payment</p> <p><u>\$ 436 40</u></p>

Name of Person Filing		File Number U	
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with _____ a Labor Organization _____ b Trust _____ c Employer _____
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u>PNC ADVISORS</u> Trade Name if any _____ P O Box Bldg Room No if any <u>TWO PNC PLAZA</u> Street <u>620 LIBERTY AVENUE</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	14 a Nature of payment <u>2005 EQUITY INVESTMENT</u> <u>MANAGERS CONFERENCE : \$202.00</u> <u>3.02.05</u> <u>LAUREL VALLEY GOLF</u> <u>OUTING (gift only) : \$69.00</u> <u>7.21.05</u>
13 b Is the Business an Employer or Consultant ? _____	14 b Amount of payment. <u>\$271.00</u>